TORONTO EAST GENERAL AND ORTHOPAEDIC HOSPITAL INC.

F I N A L R E P O R T

O F T H E

S U P E R V I S O R

Gerald P. TURNER, DHA, FACHA
Supervisor
Toronto East General and
Orthopaedic Hospital Inc.

June 30, 1982

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I BACKGROUND TO APPOINTMENT OF SUPERVISOR

In January 1981, following a request by the Board of Governors of the Toronto East General and Orthopaedic Hospital, the Minister of Health appointed a team of Inspectors, under Section 15 of The Public Hospitals Act. The three appointees were charged with investigating and reviewing (a) allegations made respecting the quality of medical care given at the Hospital, (b) the policy of the Hospital respecting the disclosure and release of medical records and information, and (c) relevant administrative practices or procedures of the Hospital.

In June 1981, the Inspectors published their findings, which concluded that the quality of medical care in the Hospital was as good as that provided in other Canadian hospitals of similar size and orientation. However, their investigation also brought to light the absence of appropriate management practices in a number of areas. The Inspectors therefore recommended that consultants be engaged to audit in detail the organization and management of the Hospital. In addition, they recommended that appropriate legislation be put in place to permit provincial authorities to intervene, in the public interest, in cases where the problems associated with a hospital reached an overwhelming magnitude.

On July 3, 1981, the Ontario Legislature passed the third reading of Bill 113: An Act to amend The Public Hospitals Act (Appendix A). This Act empowered the Lieutenant Governor in Council to appoint a Hospital Supervisor for a hospital where, having regard to the content of a report of an investigation as to the quality of the management or administration of the hospital or the care and treatment of patients in the hospital, the

Lieutenant Governor in Council deemed such an appointment to be in the best interest of the public. The Act further recognized the June 1981 report of the Inspectors in respect of the Toronto East General and Orthopaedic Hospital as being such a report of investigation.

The specific role of the Hospital Supervisor was defined as to give advice and guidance to the Board and Administrator of the hospital concerned, for the purpose of improving the quality of the management and administration of the Hospital and the care and treatment of patients in the hospital. However, the legislation also provided the Supervisor with the power to take independent action on behalf of the Board, in the event that the Board failed to take such action when directed by the Supervisor.

On July 23, 1981, the Lieutenant Governor in Council appointed Mr. Gerald P. Turner, D.H.A., F.A.C.H.A., as Supervisor of the Toronto East General and Orthopaedic Hospital Inc. for an indefinite period.

II DEFINITION OF THE TASK

1. Establishment of Relationships

In July 1981, the position of a government-appointed Hospital Supervisor was unique and unprecedented in the Province of Ontario. It was therefore necessary, at the very beginning, to define the nature of the relationships between the Supervisor and the various groups and individuals concerned.

Because of the circumstances of the appointment, it was important to gain acceptance by the Board and Administration of the Hospital, in order to create good working relationships. The first step was therefore to meet with the Board of Governors to explain the perceived role of the Supervisor. Particular stress was put on working through existing decision-making structures, rather than having decisions imposed by the Supervisor. The Board was receptive to this approach, and expressed itself anxious to rectify existing problems. There was a high degree of co-operation and support from the Board at all times, and indeed, it is a testimony to the relationship which was developed at this level that at no time was it necessary to invoke the statutory authority invested in the Supervisor to make decisions independently of the Board.

Board and Executive Committee meetings were attended by the Supervisor throughout the year, and arrangements were made for minutes to be countersigned, in accordance with the provisions in The Public Hospitals Amendment Act. Frequent and regular contact was also maintained with the Chairman of the Board and the President, and committee chairmen and other Board members were consulted individually.

Immediately following the initial meeting with the Board, a meeting was held with the Executive Director and the other members of Senior Management, and thereafter, regular meetings were held with this group. During the next few months, daily contact was maintained with the Executive Director, and in addition, individual meetings were held with various Administrators and Department Heads on an ad hoc basis.

Another important aspect of the role of the Supervisor was interfacing with the Medical Staff. Early contact was therefore established with the Chief of Staff, who was extremely supportive and provided on-going input on matters relating to concerns of the Medical Staff. Regular contact was also maintained with the Chiefs of Service, via meetings of the Medical Advisory Council and its Executive, as well as meetings with individual Chiefs as necessary.

In order to allay any apprehensions among the staff in general, a letter was initially circulated to all staff, explaining in a positive way that the role of the Supervisor was to assist the Hospital in resolving some current problems (Appendix B). Emphasis was placed on the fact that staff could communicate directly with the Supervisor if desired, and several staff members did in fact come forward with individual concerns. The fact that the Supervisor was able to occupy a separate office at the Hospital facilitated this open door policy.

Outside the Hospital, the appointment of a Supervisor initially met with a certain amount of opposition from other health care professionals, who perceived this as a threat to the autonomy of public hospitals in the province. It was therefore considered important to maintain contact with officials at the Ontario Hospital Association and the

Hospital Council of Metropolitan Toronto, to keep them informed about the process involved. In addition, it was possible to utilize resources available in the health field by enlisting the opinions and guidance of these groups in certain areas.

The whole question of public relations was also an important one, since the Hospital had been the subject of bad press which was creating public apprehension and mistrust. As such, it was of immediate importance to restore confidence in the quality of care at the Hospital. A consultant was therefore engaged to work with the Hospital's Director of Public Relations in developing a long-range public relations strategy. Press conferences were held and individual interviews given in an effort to establish more positive relations with the media.

2. Identification of the Problems

The first step was to gain familiarity with the findings and recommendations contained in the Report of the Inspectors (the Clark Report). Following this, a number of discussions were held with individual members of the Inspection Team in order to gain their personal insight into the problems. Discussions were also held with the management consulting company which was involved in the preparation of the Clark Report.

An itemized list was then prepared of areas to be reviewed and problems to be resolved within the Hospital. This list formed the basis for the investigations and actions which were to take place over the next several months. However, it was expanded as other areas of concern came to light during the process of working through the initial problems.

(3) The Process

Once the initial list was prepared, meetings were held with Senior Management and a series of actions were initiated. Firstly, a critical path was laid down, with a projected timetable for completion of individual items on the list. The Executive Director was asked to submit weekly status reports on all the items under review.

During the first few months, at least two to three days a week were spent on site at the Hospital. Regular meetings were held with the Executive Director and Senior Management, and progress was closely monitored At the same time, observations were made on the overall organization and management of the Hospital. During this time, close contact was maintained with the Chairman of the Board, to brief him of on-going activities.

During the course of the year, the services of individual consultants were used in reviewing the operation of specific areas in the Hospital and making recommendations where appropriate (Appendix C).

III REMEDIAL ACTION

A. QUALITY OF MEDICAL CARE

1. Emergency Department

The Emergency Department is grossly overcrowded and has inadequate facilities to handle the over 71,000 patients seen annually. Similar deficiencies in the Intensive Care Unit could also constitute potentially hazardous situations. Following a review by a consultant, it was determined that major changes needed to be made in both these areas. An application was therefore made to the Ministry of Health, and approval was received to update the Hospital's Master Plan, originally prepared in 1965. This update will ensure the full and appropriate utilization of Hospital site and facilities both now and in the future. In addition, approval was obtained to update the Master Programme and to prepare a Functional Programme, in order to initiate appropriate building projects in the Emergency Department and Intensive Care Unit.

In the meantime, however, it was recognized that, in the interests of safe patient care, immediate steps were imperative to alleviate some of the more pressing problems encountered in these areas. Approval was therefore sought and obtained to implement interim measures, including the creation of additional space and updating equipment.

One of the problems resulting in a backup of patients in Emergency stems from delays in admitting patients to medical beds. This is primarily due to the significant numbers of patients occupying acute beds while awaiting transfer to long term care institutions. Some pressure on medical

beds has been relieved with the establishment of a Same Day and Overnight Surgery Unit in July 198[illegible]. In addition, consideration is being given, in the context of the updated Master Plan, to the creation of an Ambulatory Care Unit, to divert less critically ill patients from the Emergency Department.

The Hospital has now created a full-time position of Chief of Emergency Medicine, and is currently seeking a suitably-qualified physician for this position.

Some problems had been encountered with respect to fractures missed on initial reading of x-rays. A notice in five languages (English, Greek, Chinese, Portuguese and Italian) is now displayed in the Emergency Department, asking patients to return to the Hospital should symptoms continue.

2. Blood Bank

The Hospital engaged the services of the Laboratory Services Advisory Committee of the Hospital Council of Metropolitan Toronto to review the overall operation of the Blood Bank. Their report, which was received in December 1981, recommended a major reorganization of the structure of this service. As a result, the Blood Bank, which formerly came under the Department of Medicine, has been reorganized as a separate Division within the Department of Laboratories. Furthermore, the position of Director of Haematopathology and Blood Bank has now been established, and a search is currently underway for a suitable Division Head for this full-time position.

3. Nursing Care

Numerous meetings were held with the Director of Nursing, as well as the Assistant Directors and some Head nurses. The Nursing management was found to be good, and capable of providing the appropriate leadership necessary for the direction of this Department.

In response to a serious understaffing problem at the Hospital, an active programme was implemented to recruit nurses both in Canada and overseas, while an ongoing recruitment drive was initiated in other parts of Ontario where nursing shortages do not exist. As a result, a significant number of nurses have now been brought on staff, and it is anticipated that the understaffing situation will be considerably eased by the Fall of 1982.

An interim 8% salary increase was implemented, with the approval of the Ontario Nurses Association, in an effort to encourage nurses to stay with the Hospital, and also to keep nursing salaries competitive. At the same time, plans were initiated for the renovation and expansion of the Nurses Residence.

In order to rectify complaints of attitude problems, strong orientation and staff education programmes were developed, with emphasis on attitudes of caring. Performance appraisals were also introduced, involving an evaluation of performance, knowledge and attitudes, as well as setting of personal and professional objectives.

A formal system has been established to deal with complaints of inadequate nursing care. Any such complaints are now documented on the patient's medical record and copied to the Nursing Administration. Complaints are investigated under the new Patient Representative Programme (see below).

4. Relationships with Patients

(a) Communications

A number of steps have been taken to improve the area of physician/patient relationships. The importance of establishing good communications between physicians and patients and their next of kin has been stressed at the Medical Advisory Council, and Chiefs have been asked to relay this to the Medical Staff in their Departments.

(b) Release of Medical Information

All written policies on the release of medical information to patients have now been updated. These policies, as well as those concerning consents, were submitted to the Hospital's Lawyer for legal review prior to implementation.

(c) Patient Representative Programme

A comprehensive Patient Representative Programme has been initiated to foster better communications with patients and to provide a specific channel through which patients can seek solutions to problems, concerns and unmet needs. A Patient Representative has been appointed who reports regularly to Senior Management, and whose primary role is to serve as a liaison between patients and the Hospital as a whole. The programme includes a clearly defined mechanism for investigating patient complaints, as well as a system of regularly surveying patient views through questionnaires. Signs are displayed around the Hospital informing patients of the existence of the Patient Representative Service.

B. ADMINISTRATIVE PRACTICES AND PROCEDURES

1. Hospital Corporation

The Constitution and General By-Laws of the Hospital were subjected to a complete revision and the amended Constitution has now been approved by the Ministry of Health. At the June 1982 Annual Meeting, a new corporate structure was recommended for the Hospital, and this will also be submitted to the Ministry for approval.

2. Hospital Management

(a) Organization.

The overall organizational structure of the Hospital, including reporting relationships and allocation of responsibilities, was carefully reviewed, and a consultant was engaged to do an in-depth study in this area. The following are highlights of the changes which have since been implemented.

(i) A revised organizational structure is now in place.

(ii) A new Executive Director has been appointed.

(iii) The role of the Medical Director has been expanded and integrated into the Senior Management team. A new Medical Director has recently been appointed, following the retirement of the former individual in this position.

(vi) New appointments which occurred following a number of resignations include:

- Director of Engineering and Maintenance
- Director of Materiels Management
- Head of Medical Photography

(v) New positions created include:

- Director of Human Resources (see below)
- Director of Volunteer Services
- Patient Representative (see above)
- Co-Ordinating Chaplain

(b) Departmental Management

In addition to the independent studies done on the Emergency Department and Blood Bank, a consultant was engaged to look into the administration of the Medical Photography Department. New systems and controls were developed for the Department, and a new Department Head was appointed.

A major review was carried out of all policy and procedure manuals in the Hospital. New policies were formulated on the following:

- nepotism
- bidding rules and procedures
- annual maintenance contracts
- construction policies
- disposal of Hospital property

(c) Personnel

The entire organization of this Department has been revised, and all personnel policies and procedures have been reviewed and updated. The new position of Director of Human Resources has been created, to be responsible for all personnel administration, labour relations, staff education, and employee health. An experienced individual has recently been appointed to this position.

The function of nursing recruitment has now been transferred to the Personnel Department.

(d) Performance

A system of performance appraisal has been developed. This has currently been implemented at the Department Head level, and will be extended to other staff by the end of 1982. Meanwhile, a management education programme is in the process of being formulated.

(e) Budgeting

New policies have been established with respect to departmental budget responsibility, with full participation and accountability of Department Heads. A management information system has been developed.

(f) Public Relations

A consultant was engaged to assist the Director of Public Relations in setting up short and long term public relations strategies. Relations between the Hospital and the media have improved noticeably.

The Patient Representative programme (see above) is an integral part of the public relations programme.

(g) Police Investigation

An extensive investigation was launched by the Ontario Provincial Police as a result of allegations of misappropriation of Hospital property. The Attorney General has now officially notified the Hospital that no evidence has been established of criminal conduct in this regard (Appendix D).

3. Medical Staff

(a) By-Laws

The Medical Staff By-Laws were reviewed and revised, and have now been submitted to the Ministry of Health for approval. Changes include a new multi-disciplinary Patient Care Committee.

(b) Appointment of Chiefs

A new process has been put in place with respect to the search procedure for selecting Chiefs of Service. Search Committees now also include a Hospital Trustee, the Executive Director, the Chief of Staff, a Senior Chief, a member at large of the Department concerned, and a representative from the University Department concerned.

This new process has been used to appoint a new Chief of Staff, Chief of Surgery, and Chief of Medicine (all of whose terms expired during the year), as well as a replacement for the recently-retired Medical Director. A search is currently in process for a Chief of Ophthalmology.

IV CONCLUSION

A great many changes have been implemented at the Toronto East General and Orthopaedic Hospital over the past year. During this period, the Hospital was the subject of a routine accreditation survey by the Canadian Council on Hospital Accreditation. The positive effect of the changes which had taken place was reflected in the fact that the Hospital was accorded two-year accreditation status at that time. To date, most of the major problems experienced at the Hospital have been resolved.

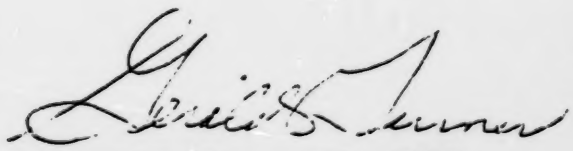
One point which emerged during this process was the need to provide for the financial stability of the Hospital. A method of achieving this was recommended to the Board, and has since been approved in principle by the Ministry of Health. A five-year plan is currently being prepared for discussion and approval.

The one remaining item of immediate urgency is to provide the Hospital with the ability to update its facilities and equipment in the Emergency Department and Intensive Care Unit. It is essential that this action be taken as quickly as possible, in order for the Hospital to provide appropriate patient care in these areas.

During the year, the Supervisor was greatly assisted in his task by the very high degree of co-operation encountered at all levels. In particular, the Chairman, President, and indeed all Members of the Board of Governors showed themselves very supportive and receptive to recommendations for change. Similar support was shown by the Medical Staff, and in particular the Medical Advisory Council and Chief of Staff. In addition,

the Senior Management group exhibited a co-operative team effort, especially during the transitional period before the new Executive Director took up his position in April 1982.

The Board of the Hospital has demonstrated their dedication and commitment to the provision of the highest quality of patient care. In addition, the day to day operation of the Hospital is in the hands of a capable and experienced Executive Director. In light of the above, and of the changes that have occurred over the past year, it is recommended that the Toronto East General and Orthopaedic Hospital continue full operations without the assistance of a Supervisor.



Gerald P. Turner, DHA, FACHA
Supervisor

June 30, 1982

BILL 113

1ST SESSION, 32ND LEGISLATURE, ONTARIO
30 ELIZABETH II, 1981

An Act to amend The Public Hospitals Act

THE HON. D. R. TIMBRELL
Minister of Health

TORONTO
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BILL 113 1981

An Act to amend The Public Hospitals Act

HER MAJESTY, by and with the advice and consent of the Legislative Assembly of the Province of Ontario, enacts as follows:

1. *The Public Hospitals Act*, being chapter 378 of the Revised Statutes of Ontario, 1970, is amended by adding thereto the following sections: ss. 7a, 7b, enacted

7a.—(1) The Lieutenant Governor in Council may appoint one or more persons to investigate and report on the quality of the management and administration of a hospital and the quality of the care and treatment of patients in the hospital. Investigators

(2) An investigator has the powers of an inspector under this Act and the regulations. Powers

(3) No person shall obstruct an investigator or withhold or destroy, conceal or refuse to furnish any information or thing required by the investigator for the purposes of the investigation. Obstruction

(4) The Minister shall cause a copy of the report of an investigation to be delivered to the chairman of the board of the hospital. Delivery of report

7b.—(1) The Lieutenant Governor in Council may appoint a hospital supervisor for a hospital where, having regard to the content of the report of an investigation under section 7a as to the quality of the management or administration of the hospital or the care and treatment of patients in the hospital, the Lieutenant Governor in Council is of the opinion that the appointment is in the best interest of the public. Hospital supervisor

(2) The Lieutenant Governor in Council shall not make an appointment under subsection 1 sooner than thirty days after submission of the report of the investigation to the Lieutenant Governor in Council. Waiting period

Term of office

(3) The appointment of a hospital supervisor is valid until terminated by order of the Lieutenant Governor in Council.

Duty of hospital supervisor

(4) A hospital supervisor appointed for a hospital shall give advice and guidance to the board and the administrator of the hospital for the purpose of improving the quality of the management and administration of the hospital and the care and treatment of patients in the hospital.

Duty of board and administrator

(5) It is the duty of the board and the administrator of a hospital to receive and consider the advice and guidance of a hospital supervisor appointed for the hospital.

Action on behalf of board, etc.

(6) Where a hospital supervisor appointed for a hospital requests in writing that the board of the hospital or the members of the corporation that owns or operates the hospital do any act that they have authority to do and, in the opinion of the hospital supervisor, they fail to do so, the hospital supervisor may do the act on behalf of the board or the members of the corporation and the act is as effective as if done by the board or the members of the corporation, as the case may be.

Action by board

(7) During the term of office of a hospital supervisor appointed for a hospital, no act of the board of the hospital is valid unless approved in writing by the hospital supervisor.

Right of access

(8) A hospital supervisor appointed for a hospital has the same rights as the board and the administrator of the hospital in respect of the documents, records and information of the board and the hospital.

Reports

(9) A hospital supervisor may report to the Minister from time to time and shall report to the Minister in such form and manner, with such information and at such times, as the Minister may require.

Protection from personal liability

7*c*.—(1) No action or other proceeding for damages or otherwise shall be instituted against an investigator or a hospital supervisor appointed under this Act for any act done in good faith in the execution or intended execution of any duty or authority under this Act or the regulations or for any alleged neglect or default in the execution in good faith of any such duty or authority.

Crown not relieved of liability
R.S.O. 1970, c. 365

(2) Subsection 1 does not, by reason of subsections 2 and 4 of section 5 of *The Proceedings Against the Crown Act*, relieve the Crown of liability in respect of a tort committed by an investigator or a hospital supervisor to which the Crown would otherwise be subject and the Crown is liable under that Act for any such tort in the same manner as if subsection 1 had not been enacted.

2. For the purposes of section 7*b* of *The Public Hospitals Act*, the report dated June, 1981 by C. J. Clark, L. D. Wadsworth and P. B. Blewett in respect of Toronto East General and Orthopaedic Hospital shall be deemed to be the report of an investigation under section 7*a* of *The Public Hospitals Act* and to have been submitted to the Lieutenant Governor in Council on the 15th day of June, 1981. Report by Messrs. Clark, Wadsworth and Blewett R.S.O. 1970, c. 378

3. This Act comes into force on the day it receives Royal Assent. Commencement

4. The short title of this Act is *The Public Hospitals Amendment Act, 1981*. Short title

APPENDIX B

TORONTO EAST GENERAL AND ORTHOPAEDIC HOSPITAL INC.
825 COXWELL AVE., TORONTO, ONTARIO M4C 3E7 TEL: (416) 461-8272

JAMES D. VAN CAMP, B.A., D.H.A.
Executive Director

July 28, 1981

TO ALL STAFF:

You will be seeing a new face around the corridors of the Toronto East General and Orthopaedic Hospital over the next few months. He is Gerald P. Turner, the Supervisor appointed by the provincial government.

As you know, an independent review committee identified problems at our Hospital and suggested ways of making improvements. Mr. Turner, who is the Executive Director of Mount Sinai Hospital and has 26 years experience in hospital administration, will be responsible for supervising the implementation of the review committee's recommendations. He has been empowered to initiate any action that he judges to be in the best interests of the Hospital.

Mr. Turner believes that the changes necessary at the East General can be brought about in a spirit of co-operation and mutual respect. From time to time, he will wish to speak to members of staff, in order to obtain information about certain aspects of the Hospital. I am certain that you will give him your fullest possible co-operation.

Mr. Turner will be with us on Tuesdays and Fridays, and will be using Room 120, adjacent to my office. I am sure he will find all staff at the East General to be helpful and co-operative.

Yours sincerely,

James D. Van Camp
Executive Director

JVC/sf

LIST OF CONSULTANTS USED

Blood Bank	Laboratory Services Advisory Committee Hospital Council of Metropolitan Toronto
Emergency Department	Mr. Don N. Teasdale Consultant
Intensive Care Unit	Dr. James S. Bell University of Toronto
Management Development	Peat Marwick & Partners Mr. D. Coulson
Master Plan	Woods Gordon Mr. W. Alan Backley
Medical Photography	Peat Marwick & Partners Mr. R.D. Humfrey Mr. N. Zelenczuk Mrs. M. Patterson
Organizational Structure	Diversicare Corp Dr. Charles W. Birkett
Public Relations	MacBain Associates Mr. Robert MacBain

APPENDIX D

Ontario

Office of the Minister

Ministry of the Attorney General

416/965-1664

18 King Street East
Toronto Ontario
M5C 1C5

June 15, 1982

Mr. Gerald Turner
Supervisor
Toronto East General
Hospital
c/o Mount Sinai Hospital
600 University Avenue
Toronto, Ontario

Dear Mr. Turner:

As you know, a police investigation has been underway into a series of allegations of criminal conduct at Toronto East General Hospital.

This letter is to advise you that the investigation has been completed and it is the conclusion of the investigating officers and of my Crown Law officers that the allegations of criminal conduct are not supported by fact.

Yours sincerely,

R. Roy McMurtry
Attorney General

c: The Honourable Larry Grossman

cc: Mr. Gray M. Steele
Mr. David Martin